

PROVISIONALLY LICENSED DIETITIAN/MONITOR AFFIDAVIT

I am applying for a provisional license to practice as a graduate dietitian the State of Idaho. Please complete and return this form directly to the Idaho State Board of Medicine, PO Box 83720, Boise, ID 83720-0058.

Applicant's Name: _____
(Last) First) (MI)

Address: _____
(Street) (City) (State) (Zip Code)

I understand that my provisional license will expire on the 30th day of June following issuance.

MONITOR

Monitor must be a permanent Idaho licensed dietitian and must complete the Monitor Affidavit below.

Name: _____
(Last) (First) (MI) (Idaho Lic. #)

Work Address: _____
(Street) (City) (State) (Zip Code)

Telephone: (____) ____-____

AFFIDAVIT OF MONITOR

Applicant _____ will work under my personal supervision and I assume responsibility for the applicant's work as a graduate dietitian during the year of her/his provisional Idaho licensure.

(Monitor's Signature)

STATE OF _____)
:ss
County of _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, know or identified to me to be the person whose name is subscribed within instrument, and acknowledge to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR _____

Residing at: _____

My Commission Expires: _____

Form 7